

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 18, 1987

ALL-COUNTY LETTER NO. 87-41

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IN-HOME SUPPORTIVE SERVICES CHARACTERISTICS SURVEY

REFERENCE:

The Department of Social Services (DSS), Data Processing and Statistical Services Bureau, plans to conduct a two-phase characteristic survey on In-Home Supportive Services (IHSS) recipients. One survey phase is mandated by the Legislature pursuant to the Supplemental Report of the 1986 Budget Act (Fiscal Year 1986/87), Item 5180-001-001. The second survey phase is being conducted to capture more general IHSS recipient characteristics. The purpose of this letter is to notify you of the upcoming survey and to define the scope and activities involved in the two survey phases.

The Budget Act directed DSS to develop a survey specifically to evaluate "the extent of, and the reasons for, recipient problems with locating and retaining competent providers." The scope of this phase of the survey will include only questions responding to the legislative mandate and the study month will be March 1987. The study population for the legislatively mandated survey phase is targeted toward those IHSS recipients who received less than 80 percent of the total hours of service authorized for them for March 1987. Only cases receiving services through the individual provider and the contracted provider modes, including both severely impaired and non-severely impaired cases, will be studied.

The second phase of the survey will focus on recipient characteristics which are not currently available through the In-Home Supportive Services Case Management, Information and Payrolling System (IHSS/CMIPS). Since the last IHSS survey was conducted in 1983, the need to gather new and updated information

is deemed necessary for evaluating and managing the program. April 1987 will be the study month for the characteristics phase of the survey. The study population for this phase of the survey will be all open IHSS cases and will include all modes of delivery of services. The data will be stratified by severely impaired and non-severely impaired cases.

Since the two phases of the survey impact different populations, it is necessary to draw two separate samples. The selection of the sample cases in both phases of the survey will be accomplished primarily through the IHSS/CMIPS. However, for the legislatively mandated phase of the survey, DSS will send those counties which deliver IHSS services utilizing the contracted provider mode a list of all contracted provider cases open during March 1987. This list will state the case number, name, and total hours of service authorized for each case in the study month. From this list, contracted provider counties will be required to identify those cases where the actual hours of service received were less than 80 percent of the total authorized hours during the study month. The number of cases which receive less than 80 percent of their authorized hours of service must be reported to DSS in order for DSS to determine the statewide sample size. Counties will then be provided with instructions for selecting the contracted provider sample cases and the number of sample cases to select. We plan to send more specific instructions to the affected counties regarding this required process in early April 1987.

The individual provider cases to be sampled for the first phase of the survey will be selected from the IHSS/CMIPS. The DSS will forward the individual provider sample case lists, sampling instructions for the contracted provider cases, and questionnaires to the counties in June 1987. The statewide sample size for the first phase of the survey is estimated to be approximately 900 cases.

The selection of the statewide sample of approximately 1300 cases for the second phase of the survey will be drawn from the IHSS/CMIPS. The actual work of completing the questionnaire by the county staff will occur during June and July 1987.

We are requesting, as one of the first steps in this project, that each county submit the name of a person to act as a survey liaison. The information contained on the attached form should

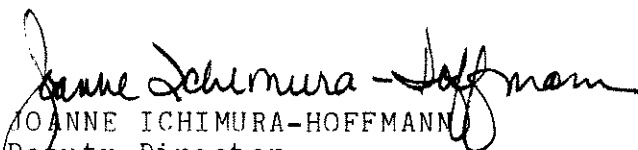
be telephoned or mailed to DSS by March 31, 1987. Please direct your response, as well as any comments or questions regarding the survey, to:

Department of Social Services
Data Processing and Statistical Services Bureau
744 P Street, M.S. 19-84
Sacramento, CA 95814

Attention: Mary Ann Y. Kashiwagi

Phone No.: (916) 924-2909 or (ATSS) 434-2909

Your cooperation is appreciated.


JOANNE ICHIMURA-HOFFMANN
Deputy Director
Management Systems and
Evaluation Division

Attachment

cc: CWDA

Attachment

COUNTY LIAISON INFORMATION
IN-HOME SUPPORTIVE SERVICES SURVEY

COUNTY: _____

LIAISON NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: () _____

DUE DATE: March 31, 1987

Return Attachment To: Department of Social Services
Statistical Services Section
744 P Street, M.S. 19-84
Sacramento, CA 95814

Attention: Mary Ann Y. Kashiwagi